PEPIN MANOR

1110 2ND STREET, P.O. BOX 218

PEPIN 54759 Phone: (715) 442-4811 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled

Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 50 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/02): 50 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 50 Average Daily Census: 49

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care	No	 Primary Diagnosis	%	Age Groups	용	Less Than 1 Year	24.0
Supp. Home Care-Personal Care	No					- 1 - 4 Years	50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years	26.0
Day Services	No	Mental Illness (Org./Psy)	16.0	65 - 74	8.0		
Respite Care	Yes	Mental Illness (Other)	6.0	75 - 84	28.0		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	54.0	* * * * * * * * * * * * * * * * * * *	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.0	95 & Over	8.0	Full-Time Equivaler	nt
Congregate Meals	Yes	Cancer	4.0			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	2.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	18.0	65 & Over	98.0		
Transportation	No	Cerebrovascular	8.0			RNs	8.0
Referral Service	No	Diabetes	6.0	Sex	용	LPNs	11.9
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	38.0	Male	30.0	Aides, & Orderlies	30.7
Mentally Ill	No			Female	70.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		edicare			edicaid itle 19			Other]	Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	 5	100.0	266	4	13.3	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	18.0
Skilled Care	0	0.0	0	25	83.3	119	0	0.0	0	13	86.7	120	0	0.0	0	0	0.0	0	38	76.0
Intermediate				1	3.3	98	0	0.0	0	1	6.7	112	0	0.0	0	0	0.0	0	2	4.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	1	6.7	50	0	0.0	0	0	0.0	0	1	2.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		30	100.0		0	0.0		15	100.0		0	0.0		0	0.0		50	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period			 Total				
Percent Admissions from:		Activities of	ଚ୍ଚ		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	25.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	28.6	Bathing	2.0		72.0	26.0	50
Other Nursing Homes	10.7	Dressing	30.0		60.0	10.0	50
Acute Care Hospitals	35.7	Transferring	38.0		50.0	12.0	50
Psych. HospMR/DD Facilities	0.0	Toilet Use	38.0		52.0	10.0	50
Rehabilitation Hospitals	0.0	Eating	62.0		28.0	10.0	50
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	*****	*****	******	******	*****
otal Number of Admissions	28	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.0	Receiving Resp	iratory Care	18.0
Private Home/No Home Health	14.3	Occ/Freq. Incontiner	nt of Bladder	38.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	21.4	Occ/Freq. Incontiner	nt of Bowel	26.0	Receiving Suct	ioning	0.0
Other Nursing Homes	7.1				Receiving Osto	my Care	0.0
Acute Care Hospitals	10.7	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	6.0	Receiving Mech	anically Altered Diet	s 24.0
Rehabilitation Hospitals	0.0				_	_	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	46.4	With Pressure Sores		0.0	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		4.0	Medications		
(Including Deaths)	28				Receiving Psyc	hoactive Drugs	62.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprieta		50	-99	Ski	lled	Al	1		
	Facility	Peer	Peer Group		Group	Peer Group		Faci	lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	80.0	1.23	83.5	1.17	83.3	1.18	85.1	1.15		
Current Residents from In-County	64.0	73.3	0.87	72.9	0.88	75.8	0.84	76.6	0.84		
Admissions from In-County, Still Residing	32.1	19.2	1.68	22.2	1.45	22.0	1.46	20.3	1.58		
Admissions/Average Daily Census	57.1	136.0	0.42	110.2	0.52	118.1	0.48	133.4	0.43		
Discharges/Average Daily Census	57.1	138.5	0.41	112.5	0.51	120.6	0.47	135.3	0.42		
Discharges To Private Residence/Average Daily Census	20.4	59.1	0.35	44.5	0.46	49.9	0.41	56.6	0.36		
Residents Receiving Skilled Care	94.0	93.4	1.01	93.5	1.01	93.5	1.00	86.3	1.09		
Residents Aged 65 and Older	98.0	95.9	1.02	93.5	1.05	93.8	1.04	87.7	1.12		
Title 19 (Medicaid) Funded Residents	60.0	73.2	0.82	67.1	0.89	70.5	0.85	67.5	0.89		
Private Pay Funded Residents	30.0	16.8	1.78	21.5	1.39	19.3	1.56	21.0	1.43		
Developmentally Disabled Residents	0.0	0.9	0.00	0.7	0.00	0.7	0.00	7.1	0.00		
Mentally Ill Residents	22.0	33.7	0.65	39.0	0.56	37.7	0.58	33.3	0.66		
General Medical Service Residents	38.0	19.3	1.97	17.6	2.15	18.1	2.10	20.5	1.85		
Impaired ADL (Mean)	40.0	46.1	0.87	46.9	0.85	47.5	0.84	49.3	0.81		
Psychological Problems	62.0	51.2	1.21	54.6	1.14	52.9	1.17	54.0	1.15		
Nursing Care Required (Mean)	5.8	7.2	0.80	6.8	0.85	6.8	0.85	7.2	0.80		